

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09546,735	FILING DATE					
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
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7		1					57						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1		2		TOTAL IND.						
TOTAL DEP.	12		9		22		TOTAL DEP.						
TOTAL CLAIMS	13		10		24		TOTAL CLAIMS						

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